

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.: 10/580,348)	Conf. No.: 1701
)	
Filed: May 23, 2006)	
)	
Applicant(s): Ronald Leslie Mann)	This document was filed electronically
)	using the USPTO's EFS-WEB.
Title: FENCE PLINTH)	
)	
Art Unit: Not Yet Assigned)	
)	
Examiner: Not Yet Assigned)	
)	
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Attorney Docket: 87951)	
)	
Customer No.: 22242)	
)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371

Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371 dated December 22, 2006.

- ☒ A copy of the Notification of Missing Requirements Under 35 U.S.C. 371 is enclosed.
- ☐ A Petition for Extension of Time for reply within the _____ month is attached.
- ☒ An executed Declaration for Patent Application, including Power of Attorney, is enclosed.
- ☒ The fees are calculated below:

<input type="checkbox"/> Basic Filing Fee - Utility						\$ 300.00	
Independent Claims	_____	-	3	=	0	x	\$ 200.00 = \$ 0.00
Total Claims	_____	-	20	=	0	x	\$ 50.00 = \$ 0.00
Fee for Multiple Dependent Claims							\$ 360.00

Application No. 10/580,348

Attorney Docket No. 87951

Notification to File Missing Requirements dated December 22, 2006

Surcharge Fee		\$ 130.00	\$ 130.00
Application Size Fee for each additional 50 sheets that exceeds 100 sheets	_____ x	\$ 250.00 =	\$0.00
Search Fee		\$ 500.00	
Examination Fee		\$ 200.00	
Total Fees			\$ 130.00
<input checked="" type="checkbox"/> Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), reducing the Total Fees by half to:			\$ 65.00

☐ A check in the amount of \$_____ to cover the above fees is enclosed.

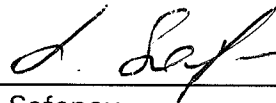
☒ Charge \$ 65.00 to Deposit Account No. 06-1135.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. This sheet is filed in duplicate.

☒ **ACCORDING TO A TELEPHONE CALL TO THE EXAMINER, IT WAS AGREED THAT THE NUMBER OF INDEPENDENT CLAIMS IS 3 AND NO ADDITIONAL CLAIM FEES ARE NEEDED.**

2/22/07

Date



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